

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/07/2021
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NAME OF PROVIDER OR SUPPLIER  RIDGELY OAK	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 WESTRIDGE RD GREENSBORO, NC 27410
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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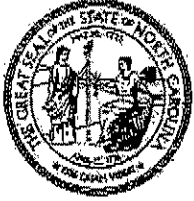
W 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(ii)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview, the specially constituted committee, designated as the human rights committee (HRC), failed to ensure written informed consent was obtained from the legal guardian for the use of door alarms for 6 of 6 clients in the home. The finding is:</p> <p>Observations in the group home throughout the 7/6/21 - 7/7/21 survey revealed any time a door to the outside of the group home was opened, a loud constant alarm would sound throughout the house until the door was closed.</p> <p>Review of records for client #1, #2, #3, #4, #5 and #6 on 7/7/21 revealed the facility's human right committee minutes and no guardian or human rights consent was secured to acknowledge the use of the obtrusive alarms that interfere with the clients' self-management of their home.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/7/21 revealed the door alarm has been set up this way for a long time but currently there is no one in the group home who is monitored for leaving the home without permission. Continued interview with the QIDP confirmed the facility has been utilizing the door alarms for security monitoring.</p>	W 263	<p>The Qualified Professional will meet with the Maintenance Coordinator to determine the need to have the alarm system disengaged/silenced and ensure Clients # 1,2,3,4,5 and 6's self-management of their home.</p> <p>The clinical team will Monitor 2xs a week for 1 month via Interaction Assessments to ensure the alarm remains disengaged/silenced.</p> <p>In the future, The Qualified Professional will ensure all People Supported are Afforded the opportunity to self-manage their home. If alarms are needed in the Future, the Qualified Professional will ensure consent is obtain By Legal guardian and the human rights committee (HRC).</p>	<p>07/15/21</p> <p>7-27-21</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mellor White*

rights committee (HRC).  
QP  
07/15/21  
7-27-21

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 19, 2021

Shelia Shaw, Facility Administrator  
RHA Services, Inc.  
1508 Gatewood Ave.  
Greensboro, NC 27405

Re: Recertification Survey Completed July 7, 2021  
Ridgley Oak Group Home 1307 Westridge Rd Greensboro, NC 27410  
Provider Number 34G-252  
MHL# 041-108  
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the recertification survey completed July 7, 2021. This survey was required for continued participation in the Medicaid program.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance and what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Standard level deficiencies were cited.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 5, 2021.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the CMS-2567 Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27609-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

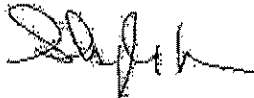
Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Please be advised that additional W tags may be cited during the Life Safety Code portion of the recertification survey.

A follow up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call me at (828) 750-2702.

Sincerely,



Shyluer Holder-Hansen  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
[\\_DHSR\\_Letters@sandhillscenter.org](mailto:_DHSR_Letters@sandhillscenter.org)